COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference CT International Applications)

ATTORNEY'S DOCKET NUMBER 1819/100121

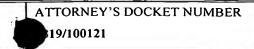
As a below named inventor, I hereby declare

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are

isted belo	w) of the subject matt METHOD			•		Sought on the inver			SIGNALS	
he specifi	cation of which (chec	k only one	item below):							
[X]	is attached hereto.									
[]	was filed as U.S. Patent Application Serial No. (if applicable).				on_	and w	as amende	d on _		
[]	was filed as PCT International Application No.			·	on_	and w	as amended under PCT Article 19 on			19 on
	(if applicable).	(if applicable).								
	ate that I have review nt referred to above.	ed and und	erstand the conter	nts of the abo	ve-io	lentified specificat	ions, inclu	ding th	ie claims, as an	nended by any
Federal Re Hereby closed any I below any	edge the duty to discle egulations, § 1.56(a). laim foreign priority b PCT international appl foreign application(s) nited States of Americ	enefits und lication(s) o) for patent	er Title 35, Unite lesignating at leas or inventor's cert	ed States Code st one country tificate or any	e, § 1 y oth	19 of any foreign er than the United Γ international app	application States liste lication(s)	n(s) for ed belo desigr	patent or inve w and have als ating at least o	ntor's certificate to identified one country other
PRIOR AI	PPLICATION(S) AN	D ANY PR	IORITY CLAIM	S UNDER 35	5 U.S	S.C. 119:				
	COUNTRY IF PCT, indicate "PCT")		APPLICATION NUMBER			DATE OF FILING (day, month, year)		PRIORITY CLAIMED UNDER 35 USC 119		
	USA		60/187,282			06 March 2000		[X] YES [] NO		
									[]YES[] NO
****									[] YES [] NO
designatin disclosed i the duty to	laim the benefit under g the United States of in that/those prior app o disclose material info pplication(s) and the r	`America the lication(s) in the community in the communit	nat is/are listed be in the manner pro defined in Title:	elow and, inso wided by the 37, Code of F	ofar a first eder	s the subject matte paragraph of Title al Regulations, § 1	er of each of 35, United	of the o	claims of this a Code, § 112,	pplication is not I acknowledge
PRIOR U. 120:	S. APPLICATIONS	OR PCT IN	TERNATIONAL	. APPLICAT	NOI	S DESIGNATING	THE U.S	. FOR	BENEFIT UN	DER 35 U.S.C.
U.S. APPLICATIONS						STATUS (Check One)				
U.S. APPLICATION NUMBER			U.S. FILING DATE		PATENTED PENDING ABAN		ABANDONED			
							-			
	PCT APP	LICATION	IS DESIGNATIN	I NG THE U.S.			<u> </u>			
PCT F		PCT NG DATE	U.S. SERIAL NUMBERS ASSIGNED (if any)							
				1-						

OMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF TORNEY (Continue)



POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. Michael L. Goldman, Registration No. 30,727; Joseph M. Noto, Registration No. 32,163; Grant E. Pollack, Registration No. 34,097; Ann R. Pokalsky, Registration No. 34,697; Gunnar G. Leinberg, Registration No. 35,584; Edwin V. Merkel, Registration No. 40,087; Georgia Evans, Registration No. 44,597; Alice Y. Choi, Registration No. 45,758

Send	Correspondence to:	Gunnar G. Leinber NIXON PEABODY Clinton Square, P. Rochester, New Yo	Y LLP O. Box 31051	Direct Telephone Calls to: (name and telephone number) Gunnar G. Leinberg (716) 263-1014		
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME Lange	FIRST GIVEN NAME Jeffrey	SECOND GIVEN NAME K.		
	RESIDENCE & CITIZENSHIP	CITY North Tonawanda	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States		
	POST OFFICE ADDRESS	P.O. ADDRESS 3316 Evergreen Drive	CITY North Tonawanda	STATE & ZIP CODE/COUNTRY New York 14120/USA		
2 0 2 2	FULL NAME OF INVENTOR	FAMILY NAME Paine	FIRST GIVEN NAME Robert	SECOND GIVEN NAME H.		
	RESIDENCE & CITIZENSHIP	CITY Honeoye Falls	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States		
	POST OFFICE ADDRESS	P.O. ADDRESS 1199 W. Bloomfield Road	CITY Honeoye Fails	STATE & ZIP CODE/COUNTRY New York 14472-9207/USA		
2 LL 0 TL 3	FULL NAME OF INVENTOR	FAMILY NAME Parry-Hill	FIRST GIVEN NAME Jeremiah	SECOND GIVEN NAME L.		
	RESIDENCE & CITIZENSHIP	CITY Averill Park	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States		
# 11.11	POST OFFICE ADDRESS	P.O. ADDRESS 2805 NY43	CITY Averill Park	STATE & ZIP CODE/COUNTRY New York 12018/USA		
2 0 4	FULL NAME OF INVENTOR	FAMILY NAME Wunrow	FIRST GIVEN NAME Steven	SECOND GIVEN NAME H.		
	RESIDENCE & CITIZENSHIP	CITY Canandaigua	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP United States		
	POST OFFICE ADDRESS	P.O. ADDRESS 24 Greig Terrace	CITY Canandaigua	STATE & ZIP CODE/COUNTRY New York 14424/USA		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 UNSIGNED	SIGNATURE OF INVENTOR 202 UNSIGNED	SIGNATURE OF INVENTOR 203 UNSIGNED		
DATE 3/6/2001 .	DATE 3/6/2001	DATE 3/6/2001		
SIGNATURE OF INVENTOR 204 UNSIGNED	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206		
DATE 3/6/2001	DATE	DATE		